

POLICY ON ADVANCED DIRECTIVES

The State of California regulations require that your medical chart contains the following information. You will be asked if you have a Living Will, have assigned a Durable Power of Attorney for Healthcare, or designated (a surrogate) to act on your behalf.

Please complete this information and acknowledge your response by signing below.

<input type="checkbox"/> I have a Living Will	STATE LOCATION OF WILL IF POSSIBLE
<input type="checkbox"/> I have a Durable Power of Attorney for Healthcare	DESIGNEE IF AVAILABLE
<input type="checkbox"/> I have a designated (a surrogate) agent	NAME OF AGENT
<input type="checkbox"/> I have none of the above and do not wish one.	
<input type="checkbox"/> I have none of the above and wish information.	

Patient

Witness

Printed Name

Date

Please note:

If you, as a patient of The Endoscopy Center at Skypark, experience a life threatening emergency while at the Center, it is our policy to resuscitate and maintain life until an appropriate and timely transfer can be made to the nearest hospital. This policy is in place regardless of any of the above stated arrangements. Your signature below acknowledges that you have read, understood, and agree to the above.

Patient

Date